

# FMLA/CFRA APPLICATION

<b>Name:</b> _____	<b>Social Security Number:</b> _____
<b>Position:</b> _____	<b>Department:</b> _____

**Reason for Leave:**     Medical - Self     Medical – Immediate Family     Birth/Adoption of Child

Expected Beginning of Leave: _____ <i>(Month/Day/Year)</i>	Leave will be: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <i>(please explain)</i>
Expected End of Leave: _____ <i>(Month/Day/Year)</i>	_____
Expected Return to Work: _____ <i>(Month/Day/Year)</i>	_____

<b>During my leave, I can be reached at:</b>	
_____ <i>(Address)</i>	_____ <i>(Home Phone)</i>
_____ <i>(City, State, Zip)</i>	_____ <i>(Cell Phone)</i>

I understand that any remaining sick leave may/will be used during the leave and that accrual of these leaves will stop during any unpaid portion of my absence.

I understand that any remaining vacation/PTO leave may/will be used during the leave and that accrual of these leaves will stop during any unpaid portion of my absence.

I also understand that I am required to provide timely medical certification for my leave, and notify *(company)* \_\_\_\_\_ and provide additional medical certification should it be necessary to extend the leave.

Please refer to the Family Leave Policy in *(company)* \_\_\_\_\_'s employee handbook for more information.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date** *(Month/Day/Year)*

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date** *(Month/Day/Year)*

**Distribution: Original to Employee Personnel File, Copy to Employee**